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8.	AGGREGATE	TOTAL	OF ALL	. IN-STATE	EVENTS
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State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Signature of Person: Lisa S. Wheeler

Date

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of pryknowledge, information and belief.

Signature of CFO, CFO or Arithorized Representative
Print Name of Person:

Signature of Witness

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